Fill-in form, tab to next field

GENERAL FACT SHEET

| BRIÉF TITLE APPROV | ED DEADLINE | REASON |
|--|--|--|
| University of Nebraska- Lincoln | | |
| Service Agreement | | |
| DETAILS | | POSITIONS/RECOMMENDATIONS |
| Agreement between the City of Lincoln on behalf of the Lincoln-Lancaster County Health Department and the University of Nebraska-Lincoln for practicum or shadowing experiences for students in methods of Working with Infants in Programs and Communities, for students enrolled in the Dietetic Internship Program, and for students enrolled in Early Childhood Special Education Programs. Term of Agreement is July 1, 2010 - June 30, 2012. | Sponsor | |
| | Program Departments, or Groups Affected | |
| | Applicants/ Proponents | Applicant |
| | | City Department |
| | | Other |
| Discussion (Including Relationship to other Council Actions) | Opponents | Groups or Individuals |
| | | Basis of Opposition |
| | Staff Recommendations | For Against Reason Against |
| | Board or Commission Recommendation | BY For Against No Action Taken For with revisions or conditions (See Details column for conditions) |
| | CITY COUNCIL ACTIONS (For Council Use Only) | Pass Pass (As Amended) Council Sub. Without Recommendation Hold Do not Pass |

| DETAILS | POLICY/PRO | OGRAM IMPACT | |
|---------|-------------------------------------|---|--------|
| , ** | POLICY OR PROGRAM CHANGE | □ NO □ YES | |
| | | | |
| | | | |
| | OPERATIONAL IMPACT ASSESSMENT | | |
| | | | |
| | FINANCES | | |
| | COST AND REVENUE | COST of total project: \$ COST of this Ordinance/ | |
| | PROJECTIONS | Resolution \$ | |
| | | RELATED annual operating Costs \$ | |
| | | INCREASE REVENUE EXPECTED/YEAR \$ | |
| | SOURCE OF | CITY [Approximately] | |
| | FUNDS | <u></u> \$ | % |
| | | \$ | % |
| | | \$ | % |
| | | \$ | |
| | | \$ | % |
| | | NON CITY [Approximately] | |
| | | <u> </u> | % |
| | | \$ | % |
| | | \$\$ | % |
| | | \$ | % |
| | | \$ | % |
| | BENEFIT COST | | |
| | Front Foot | Average Asses | ssment |
| | Square Foot | \$\$ | |

APPLICABLE DATES:

FACT SHEET PREPARED BY: Bruce D. Dart, Ph.D., Health Director

REVIEW BY:

REFERENCE NUMBER